



Upper Darby School District  
Information Technology and Systems  
4611 Bond Ave  
Drexel Hill, Pa. 19026

Phone: 610-789-7200, Ext. 3289  
Fax: 610-789-0796

Robert Hilinski, Director

**Petition for Waiver of E-rate Invoice Deadline  
On behalf of Upper Darby School District  
SLD Entity # 126098, Form 471 # 986479, FRN 2690584**

---

The Upper Darby School District respectfully petitions for waiver of the invoice deadline and requests permission to file a BEAR form to recoup payment of \$15,227.85, for FRN 2690584.

The District timely requested an invoice deadline extension request that was approved and the new deadline was February 25, 2016 for the FRN in question. The District timely prepared a paper BEAR form and obtained the service provider's certification on February 15, 2016. The District had to use the paper BEAR form because the District's authorized signer, a newly hired employee, did not have an electronic PIN. On the next day, the District mailed the completed BEAR form to the SLD, to 3833 Greenway Drive, Lawrence, KS 66046 on February 16, 2016. The completed BEAR form included both the service provider and applicant certification pages. A copy is attached to this Petition.

On May 4, 2016, the District contacted the SLD's Client Service Bureau to ask about the status of the BEAR form because the District had not yet received a BEAR notification letter. The District was informed that the SLD did not have a record of receiving the BEAR form per Case #83317.

The District mailed the form via United States First Class Mail, postage prepaid. The letter was not returned as undeliverable. Unfortunately the District does not have proof of mailing.

The District tried to comply with all E-rate deadlines and prepared and mailed the BEAR form to the SLD on a timely basis. The District hopes the FCC will believe the District, and will grant leniency to the District and allow the District's BEAR form to be accepted for processing and payment.

Sincerely,

[rhilinski@upperdarbysd.org](mailto:rhilinski@upperdarbysd.org)

Dated: May 4, 2016

Attachment: Completed BEAR Form

This form is provided courtesy of E-Rate Central.  
More forms can be found on our Forms Rack.

Approved by OMB  
OMB Control No. 3060 – 0856  
Estimated time per response: 1.0 hour

<b>FCC Form 472</b> <b>DO NOT STAPLE THIS FORM</b>		<b>Do not write in this space</b>	
Please read instructions before completing.		<b>Universal Service for Schools and Libraries</b> (To be completed by schools, libraries, or consortia.)	
<b>BILLED ENTITY APPLICANT REIMBURSEMENT FORM</b>			
For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant. Only one Service Provider Identification Number (SPIN) per form. Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.			
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.			
<b>FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT</b>			
Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.			
The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.			
Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.			
<b>THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.</b>			
<b>Applicant Form Identifier (Create an identifier for your own reference)</b> UpperDarby-VzW-FY14		<b>FCC Form 472 Invoice #</b> (To be inserted by administrator)	
<b>BLOCK 1: HEADER INFORMATION</b>			
<b>1. Billed Entity Name</b>		Upper Darby School District	
<b>2. Billed Entity Number</b>		126098	
<b>3. Service Provider Identification Number (SPIN)</b>		143000677	
<b>4. Contact Name</b>		Robert Hilinski	
<b>5. Contact Telephone Number</b>		610 789 0796	
<b>6. Total Reimbursement Amount (total from Block 2, Column 14)</b>		15,227.85	

## Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Upper Darby School District Billed Entity Number 126098  
Contact Name Robert Hilinski Contact Telephone Number 610 789 0796

Applicant Form Identifier UpperDarby-VzW-FY14

### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

(7) FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
		DO NOT WRITE IN THIS COLUMN.		For each FRN, complete either Column (10) or Column (11), but not both Columns			
1	986479	2690584	07/2014		26,715.52	57	15,227.85
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
10							0.00
11							0.00
12							0.00
13							0.00
14							0.00
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							15,227.85



**BILLED ENTITY APPLICANT Reimbursement Form**

**Billed Entity Name** UPPER DARBY SCHOOL DISTRICT

**Billed Entity Number** 126098

**Contact Name** Robert Hilinski

**Applicant Form Identifier** UpperDarby-VzW-FY14

**Block 3: Billed Entity Certification**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person

*Robert Hilinski*

16. Date

2/8/16

17. Printed name of authorized person

Robert Hilinski

18. Title or position of authorized person

Director of Technology

19. Telephone number of authorized person

610-789-7200 Ext. 3289

20. Address of authorized person

4611 Bond Avenue  
Upper Darby, PA 19026

**BILLED ENTITY APPLICANT Reimbursement Form**

**Billed Entity Name** Upper Darby School District

**Billed Entity Number** 126098

**Contact Name** Robert Hilinski

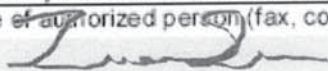
**Applicant Form Identifier** UpperDarby-VzW-FY14

**Block 4: Service Provider Acknowledgment**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)



22. Date

02/15/2016

23. Printed name of authorized person

24. Title or position of authorized person

Ivan Sun  
E-Rate Coordinator  
866-221-4123  
One Verizon Way  
Basking Ridge, NJ 07920

25. Telephone number of authorized person

26. Address of authorized person

**27. Applicant Remittance Information**

**Name** Robert Hilinski

**Title** Director of Technology

**Street Address** 4611 Bond Avenue, Upper Darby, PA 19026